Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING FCL017009 10/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2446 CHERRY GROVE ROAD **TERRY CARE HOME** YANCEYVILLE, NC 27379 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Follow-up Survey on October 23, 2015 from 11:30 AM to 12:30PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows: {C 117} Have Current San. And Fire Safety Approvals {C 117} SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. The staff could not locate the current Fire and Sanitation Inspections. Provide copies of the most recent fire and sanitation inspection reports to DHSR/Construction Section with the signed Plan of Corrections. Maintain copies of the yearly inspections at the facility. 08/12/2015 GH At the time of the follow up inspection the sanitation inspection had not been completed. Provide copies of a current approved Sanitation inspection to the DHSR Construction Section. 10/23/2015 GH At the time of the follow up inspection the sanitation inspection had not been completed. Provide copies of a current approved Sanitation inspection to the DHSR Construction Section.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
					R	
		FCL017009	B. WING			3/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TERRY C	CARE HOME	2446 CHE	RRY GROVE	ROAD		
TERRIC	ARE HOWE	YANCEYV	ILLE, NC 27	7379		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 152}	Floors		{C 152}			
	smooth, non-skid meto be easily cleanable (b) Scatter or thrown (c) All floors shall of the survey. The dining room of the survey. The shall of the survey.	amily care home shall be of naterial and so constructed as ble. w rugs shall not be used. be kept in good repair.				
{C 174}	Building Equipment	Maintained Safe, Operating	{C 174}			
	EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition.	nd all fire safety, electrical, umbing equipment in a family maintained in a safe and				

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This Rule is not met as evidenced by:

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED			
					R		
		FCL017009	B. WING			3/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY. S	STATE, ZIP CODE			
			RRY GROVE	•			
TERRY C	CARE HOME		ILLE, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 174}	Continued From pa	ge 2	{C 174}				
	and the washing ma Contract a licensed Provide documenta  3. When the water adjacent to dining, to and the flow was "s broken pump. Con the problem.  4. The light is out of table lamp has been for light. The lamp provide sufficient light Replace the bulb in fixture is not working electrician to replace	the pump was not working achine could not be used. plumber to repair the pump. tion for the repairs.  was run in the hall bath the water pressure was low pitting," possibly due to the tract a licensed plumber to fix over the bathroom vanity. An plugged into a wall socket is neither safe nor does it ght for bathing and dressing. The light fixture and if the g, contract a licensed e the light. Remove the lamp Provide documentation of the					
	are broken. Contra	s in the front corner bedroom ct a qualified vendor to repair s. Provide verification of the					
		the toilet in the back Secure the grab bar.					
	back bathroom has licensed plumber to	ound the toilet base in the come loose. Contract a remove the old wax seal and ovide documentation of the					
	exterior trim at the r	flashing is coming off the roof edge outside of the back ntract a qualified vendor to					

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FCL017009		B. WING		R <b>10/23/2015</b>		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
TERRY C	CARE HOME		RRY GROVE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 174}	masonry along the the window of the s qualified profession secure and make a documentation of the 108/13/2015GH The the time of the surviverifying the repairs Section.	ge 3 e substantial cracks in the front right corner and below torage room. Contract a rall to verify that the structure is ny necessary repairs. Provide ne report and repairs. se deficiencies remained at ey. Provide documentation at the DHSR Construction se deficiencies remained at ey. Provide documentation at the DHSR Construction se to the DHSR Construction	{C 174}			
{C 106}	building code required of North Carolina a one family type residence as follog. Steps must be purely the staff area where is located. The steps the staff area where is located. The steps contract a qualified along both sides of of the repairs.  08/12/2015GH The remains. Provide of	nust meet the residential rements Insurance Department and be less: Protected by handrails.  Let as evidenced by: Leading from the kitchen to be the second means of egress ps do not have handrails.  Let vendor to install handrails the steps. Provide verification  Above listed deficiency locumentation verifying the Construction Section when	{C 106}			

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	Birleion of Fround Corner Regulation							
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>	(X3) DATE SURVEY COMPLETED				
		FCL017009	B. WING	R <b>10/23/2015</b>				
	NAME OF PROVIDER OR SUPPLIER	DRESS CITY STATE ZIP CODE						

## **TERRY CARE HOME**

## 2446 CHERRY GROVE ROAD YANCEYVILLE, NC 27379

	YANCEYVILLE, NC 27379							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
{C 106}	Continued From page 4  10/23/2015GH The Above listed deficiency remains. Provide documentation verifying the repair to the DHSR Construction Section when the repair is completed.	{C 106}						
{C 114]	C. The Home 3. Arrangement and Size of rooms f. Bathroom (1) Located as conveniently as possible to the bedrooms. (2) In existing buildings one full bathroom for eight or less persons including family living in. (3) In buildings to be constructed one full bathroom for five or less persons including family living in. (4) Entrance cannot be through a kitchen, another person 's bedroom or bathroom. (5) Hand grips must be installed at all commodes, tubs and showers. (6) Floors must have non-slippery waterproof covering. (7) All bathroom doors must be 2 ' 8 " wide minimum. (8) Well lighted, heated and ventilated.  This Rule is not met as evidenced by: 1. There is not a grab bar at the hall toilet adjacent to the dining room. Contract a qualified vendor to install a grab bar. Provide documentation of the correction.  08/13/2015GH This deficiency remained at the time of the survey. Provide documentation verifying the repair to the DHSR Construction Section.	{C 114}						

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FCL017009		B. WING		R <b>10/23/2015</b>		
			DRESS, CITY, S	STATE, ZIP CODE	10/2	0/2010
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2446 CHERRY GROVE ROAD  2446 CHERRY GROVE ROAD					
			/ILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 114}	Continued From pa	ge 5	{C 114}			
	time of the survey.	s deficiency remained at the Provide documentation to the DHSR Construction				

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